



EMPLOYMENT VERIFICATION FORM
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\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
\_\_\_\_\_  
Address of Employer

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

This form is to certify that \_\_\_\_\_ (Name of Employee) is currently  
employed as \_\_\_\_\_ (Title of Position). This permanent employment  
commenced on \_\_\_\_\_ (Date of Employment). At this time, he/she is employed in a  
part time/full time (please circle one) position on a permanent basis. His/her annual salary is  
\_\_\_\_\_/hour which is equivalent to \_\_\_\_\_/year.

\_\_\_\_\_  
Name of Authorized Supervisor (Please Print)

\_\_\_\_\_  
Title of Position

\_\_\_\_\_  
Signature of Authorized Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Seal (if applicable)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date